

Solihull Active - Physical Activity Referral Form



SECTION 1: Patient Information

Full Name:	Date of Birth:
Address:	Postcode:
Telephone Number:	

SECTION 2: Physical Activity Programme (please tick)

<input type="checkbox"/>	DocSpot (16+ yrs, inactive/sedentary with mild/moderate health condition/other risk factors for disease) Patient's preferred venue: <input type="checkbox"/> North Solihull <input type="checkbox"/> Tudor Grange <input type="checkbox"/> Smith's Wood Gym <input type="checkbox"/> The Hampton
<input type="checkbox"/>	Eat Well Move More (4-16 years, classified as overweight or obese, >91 st BMI centile)
<input type="checkbox"/>	Cancer Rehab (16+ years, previous cancer diagnosis, including pre / undergoing / post treatment)
<input type="checkbox"/>	MS / Parkinson's Exercise (16+ years, with a MS or Parkinson's Diagnosis)
<input type="checkbox"/>	Cardiac Rehab (18+ years, CHD history / previous cardiac event, no recent acute event - last 6 months) *** Complete Cardiac Referral form - https://solihullonthemove.co.uk/get-support-to-be-active/people-with-long-term-health-conditions/cardiac-rehab-exercise/

SECTION 3: Referral Information & Patient History

Reason(s) for referral: (please tick all that apply)	
<input type="checkbox"/>	Weight reduction &/or maintenance
<input type="checkbox"/>	Cardiovascular – CHD / stroke / hypertension (<180/100mmHg) / hypercholesterolemia (please circle)
<input type="checkbox"/>	Musculo-skeletal e.g. low back pain / joint replacement (please circle)
<input type="checkbox"/>	Mild to moderate rheumatoid arthritis / osteoarthritis / osteoporosis (please circle)
<input type="checkbox"/>	Diabetes – type 1 / type 2, stable & controlled; OR At high risk of developing diabetes (please circle)
<input type="checkbox"/>	Poor muscular strength / balance / at risk of falls (please circle)
<input type="checkbox"/>	Mild to moderate depression / anxiety / stress (please circle)
<input type="checkbox"/>	Cancer diagnosis – pre-treatment / undergoing treatment / post-treatment (please circle)
<input type="checkbox"/>	Controlled / stable asthma / COPD (please circle)
<input type="checkbox"/>	Successfully completed a Cardiac / Pulmonary Rehabilitation programme (please circle)
Additional relevant medical conditions/information:	
Medication: (please provide details of any medications being taken, e.g. attach prescription list)	
IMPORTANT: Patient must receive a copy of their referral form and contact their chosen venue (PTO).	

SECTION 4: Informed Consent

Patient: I hereby give consent to the above medical information being shared with the Solihull Active programme and agree to a pre-exercise assessment. Signed (Patient/Parent): _____ Date: _____	Referrer Details / Practice Stamp:
Health Professional: I refer the above patient under the agreed project guidelines and have given them a copy of their referral form. Authorised Referrer Signature: _____ Print Name: _____ Date: _____	
IMPORTANT: The contents of this form are valid for 3 months from the date of signing. PATIENTS: Contact venue to start (PTO). Please take this form with you to your first appointment.	
For SMBC service records: Send a copy of referral form to Solihull Active Team, Solihull Council, 3rd Floor, Council House, Solihull, B91 3QB or email to: solihullactive@solihull.gov.uk	

Please print & sign 1 copy for patient & send 1 copy to Solihull Active.
 Please inform patient to contact their preferred venue to start (PTO).



INFORMATION FOR PARTICIPANTS

DocSpot Exercise Referral Scheme: A 12-week adult exercise referral programme which provides you with an opportunity to improve your health through taking part in a supported programme of physical activity designed to meet your personal needs and aspirations.

To get started: Please contact your chosen venue to book your initial DocSpot Welcome Induction.

Tudor Grange Leisure Centre: Blossomfield Road, Solihull, B91 1NB.	Tel: 0121 705 6371	£4.00 per visit * (membership available)
North Solihull Sports Centre: Conway Road, Chelmsley Wood, B37 5LA.	Tel: 0121 770 3822	£3.40 per visit * (membership available)
Smith's Wood Community Gym: Burtons Way, Smith's Wood, B36 0SZ.	Tel: 0121 779 2986	£3.40 per visit *
The Hampton Health Club: Old Station Road, Hampton in Arden, B92 0HA.	Tel: 01675 443 464	£4.00 per visit * [billed monthly] (membership available)

Pre-Register Online: Scan the QR code to fill out your DocSpot registration, this will save time in your induction appointment to focus on meeting your needs.



Please bring this referral form to your first appointment.

See DocSpot patient information leaflet for more details.

*Prices subject to change

Eat Well Move More – Family Weight Management Programme:

This free programme is for families with children and young people classified as overweight or living with obesity (**over 91st centile**). The service includes healthy eating and nutritional advice, and support to be more active. Face-to-face and virtual appointments can be offered. **Call: 0121 704 8207.**

Specialist Exercise Programmes:

Cancer Rehab: A programme of specialist group exercise sessions for people who have had a cancer diagnosis. Inclusive of all cancer types and individuals who are pre-treatment, undergoing treatment or post-treatment. Available at: Tudor Grange Leisure Centre or North Solihull Sports Centre.

MS & Parkinson's: Specialist exercise classes for MS & PD patients at Tudor Grange Leisure Centre.

Cardiac Rehab: Specialist exercise to help manage heart conditions, available at both leisure centres.

To get started, please contact your chosen venue to book your first session. Please bring this referral form to your first session. See contact details listed above, prices per session as above*.

INFORMATION FOR HEALTH PROFESSIONALS

DocSpot & Specialist Exercise Class Exclusion Criteria	Eat Well Move More Exclusion Criteria
<p>Please DO NOT refer the following patients:</p> <ul style="list-style-type: none"> • Under the age of 16 years. • Already physically active, i.e. > 150mins activity per week. • Resting systolic blood pressure \geq 180mmHg and/or diastolic blood pressure \geq 100mmHg. • Uncontrolled/unstable angina. • New or uncontrolled arrhythmias. • Uncontrolled resting tachycardia \geq 100bpm. • Unstable diabetes. • Unstable/acute heart failure. • A recent (within last 6 months) significant change in a resting ECG, recent myocardial infarction or other acute cardiac event. • Acute/uncontrolled psychiatric illness. • Symptomatic hypotension/patient experiences significant drop in BP with exercise. • Experiences pain, dizziness or excessive breathlessness during exertion. • Febrile illness. • Active foot problem, e.g. ulceration. • Established cerebro-vascular disease. • Any unstable/uncontrolled health condition. 	<p>Please DO NOT refer the following patients:</p> <ul style="list-style-type: none"> • Patients aged under 4 years old. • Patients aged over 16 years old, unless SEN up to age 25. • BMI score of < 91st centile. • Any unstable/uncontrolled health condition. • Adults (refer to adult weight management provision via www.solihull.gov.uk/health-and-wellbeing/Healthy-weight).

More physical activity information: Visit <https://solihullonthemove.co.uk/> or call 0121 704 8207.